FORM D



UNITED STATES

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

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OMB AP	PROVAL
OMB Number:	3235-0076
Expires:	May 31, 2005

Estimated average burden

nours per respo	1156 10.00
SEC USI	E ONLY
Prefix	Serial
DATE RE	CEIVED
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Name of Offering (check if this is an amendment and name has changed, and indicate change.) PRIVATE PLACEMENT OF SERIES A PREFERRED STOCK	
RIVATE PLACEMENT OF SERIES A PREFERRED STOCK iling Under (Check box(es) that apply):	
A. BASIC IDENTIFICATION DATA	TTO C OF 1002
 Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) LTCO INC. 	PCRIB (WO)
Address of Executive Offices (Number and Street, City, State, Zip Code) 575 Menlo Drive, Suite 3, Rocklin, CA 95765	Telephone Number (Including Area Code) (916) 577-1300
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business GPS based vehicle fleet management services.	PROCESSED
	specify): THOMSON
	_
GENERAL INSTRUCTIONS Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4	(6), 17 CFR 230.501 et seg, or 15 U.S.C.

77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

			A	L BASIC ID	ENTL	FICATION DATA				
 Each beneficial own 	ne issue ner havi per and	r, if the issuer ha ing the power to director of corpo	s been vote or rate iss	organized within the p dispose, or direct the suers and of corporate issuers.	vote o	r disposition of, 10% of				
Check Box(es) that Apply:	×	Promoter		Beneficial Owner	\boxtimes	Executive Officer	\boxtimes	Director		General and/or Managing Partner
Full Name (Last name first, i John Bjorn	f indiv	idual)								
Business or Residence Addre	,		, City,	State, Zip Code)						
575 Menlo Drive, Suite 3, R		·								
Check Box(es) that Apply:	<u>⊠</u>	Promoter	⊠ ——	Beneficial Owner	_ 	Executive Officer	<u>⊠</u>	Director		General and/or Managing Partner
Full Name (Last name first, i Shraga Agam	f indiv	idual)								
Business or Residence Addre	ss (Nu	mber and Street	, City,	State, Zip Code)						
575 Menlo Drive, Suite 3, R	ocklin	, CA 95765								
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	\boxtimes	Director		General and/or Managing Partner
Full Name (Last name first, i	f indiv	idual)								
Jerry Agam										
Business or Residence Addre	ss (Nui	mber and Street,	, City,	State, Zip Code)						
575 Menlo Drive, Suite 3, R	ocklin	, CA 95765								
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	\boxtimes	Director		General and/or Managing Partner
Full Name (Last name first, i	f indivi	idual)								
Jay Haft										
Business or Residence Address 575 Menlo Drive, Suite 3, R			, City,	State, Zip Code)						
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	\boxtimes	Director		General and/or Managing Partner
Full Name (Last name first, i	f indivi	idual)							,	
Andrew Intrater Business or Residence Address	ec Olur	nhar and Street	City	State Zin Code)				· · ·	-	
575 Menlo Drive, Suite 3, R			, Cny,	State, Zip Code)						
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	\boxtimes	Director		General and/or Managing Partner
Full Name (Last name first, i	f indivi	idual)								Managing 1 articl
Larry Goldstein	LINGSVI									,
Business or Residence Address	ss (Nur	nber and Street.	City.	State, Zip Code)						,
575 Menlo Drive, Suite 3, R			, ,							
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	\boxtimes	Director		General and/or Managing Partner
Full Name (Last name first, it	f indivi	dual)								
Gregory Talcott										
Business or Residence Address	ss (Nur	nber and Street,	, City,	State, Zip Code)						
575 Menlo Drive, Suite 3, R	ocklin,	CA 95765								
		(Use blank	sheet	, or copy and use add	litiona	l copies of this sheet	, as ne	cessary)		

Check Box(es) that Apply	Promoter	Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, if Brian Connolly	individual)		==		
Business or Residence Address	c (Number and Street	City State Zin Code)			
575 Menlo Drive, Suite 3, Re		City, Blace, Elp Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addres	s (Number and Street,	, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	s (Number and Street,	, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addres	s (Number and Street,	, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	s (Number and Street	, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addres	s (Number and Street,	City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	s (Number and Street	, City, State, Zip Code)			,
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	s (Number and Street	City, State, Zip Code)			

					В.	INFOR	MATION	ABOUT O	FFERING		pirerajn 186		
<u></u>	H F <u>W.</u> ;							· · · · · · · · · · · · · · · · · · ·			<u>n e e la la companya de la companya del companya del companya de la companya de </u>	Yes	
l. H	as the iss	uer sold,	or does the is	ssuer intend t	-	n-accredited it also in Appe							\boxtimes
2. W	∕hat is th	e minimu	m investmen	t that will be		m any indivi		_				<u>\$</u>	.000
												Yes	No
				-		een or will be						\boxtimes	
re	munerati	on for sol	icitation of p	urchasers in	connection v	vith sales of s	ecurities in th	ne offering. I	f a person to l	e listed is a	n associated		
th		(5) persons				EC and/or with such a broke							
			st, if individu	ial)					·				
Busines	s or Res	dence Ad	ldress (Numb	per and Street	, City, State	, Zip Code)		.					
Name o	f Associa	ited Brok	er or Dealer			·							
States i	n Which	Person Li	isted Has Sol	icited or Inter	nds to Solici	t Purchasers							<u> </u>
(Che	ck "Ali S	tates" or	check individ	iuals States).									Il States
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[IL]	•	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[[MA]	(MI)	[MN]	[MS]	[МО]
[M	r]	[NE]	[NV]	[NH]	[עע]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	1	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Na	me (Last	name firs	st, if individu	al)	<u> </u>		· · · · · · · · · · · · · · · · · · ·	- ! · · ·		·		*******	
Busines	s or Resi	dence Ad	ldress (Numb	per and Street	, City, State	, Zip Code)							
Name o	f Associa	ited Brok	er or Dealer					·- 			· · · · · · · · · · · · · · · · · · ·		
States in	n Which	Person Li	sted Has Sol	icited or Inter	nds to Solici	t Purchasers							
													Il States
[AI		[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	ίπί	[ID]
[IL]	-'	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[[MA]	[MI]	[MN]	[MS]	[MO]
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[RI		[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Na	me (Last	name firs	st, if individu	al)									·
Busines	s or Resi	dence Ad	ldress (Numb	er and Street	, City, State	, Zip Code)	p.14A**					10,	
Name o	f Associa	ited Brok	er or Dealer										
States in	n Which	Person Li	sted Has Sol	icited or Inter	nds to Solici	t Purchasers							
(Che	ck "All S	tates" or	check individ	luals States).				•••••	••••••				Il States
[AI	.]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
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[M]	Γ]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	. [PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
				(Use	blank sheet,	or copy and u	ıse additiona	l copies of th	is sheet, as n	ecessary)			

Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
Type of Security	Aggregate Offering Price	Amount Alread Sold
Debt	_	\$ -0-
Equity		
☐ Common ☐ Preferred	\$ 1,309,280	\$ <u>1,158,000</u>
Convertible Securities (including warrants)	\$	\$0-
Partnership Interests	\$ -0-	\$ -0-
Other (Specify)		\$ -0-
Total		
	\$ 1,309,280	\$ <u>1,158,000</u>
Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
	Number of Investors	Aggregate Dollar Amount of Purchase
Accredited investors	13	\$ <u>1,158,000</u>
Non-accredited Investors		\$
Total (for filings under Rule 504 only)		\$
Answer also in Appendix, Column 4, if filing under ULOE.		
If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
Type of Offering	Type of Security	Dollar Amount Sold
Rule 505	•	\$
Regulation A		S
Rule 504		\$
Total		\$
a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
Transfer Agent's Fees	🔲	\$
Printing and Engraving Costs	🔲	\$
Legal Fees	🛛	\$ <u>15,000</u>
Accounting Fees	🗀	\$
Engineering Fees		\$
Sales Commissions (specify finders' fees separately)		S
	-	\$ 500
	. IXI	
Other Expenses (identify) mailing expenses. Total	67	\$\$ \$_15,500

total expenses fur proceeds to the interproceeds to the interpretation of the purpose the box to the left to the issuer set of the issuer	erence between the aggregate offering price given in response to Part C - Question 1 and rnished in response to Part C - Question 4.a. This difference is the "adjusted gross sauer." The amount of the adjusted gross proceeds to the issuer used or proposed to be used for oses shown. If the amount for any purpose is not known, furnish an estimate and check to fithe estimate. The total of the payments listed must equal the adjusted gross proceeds forth in response to Part C - Question 4.b above. The amount of the adjusted gross proceeds and the adjusted gross proceeds forth in response to Part C - Question 4.b above. The amount of the adjusted gross proceeds and the adjusted gross proceeds forth in response to Part C - Question 4.b above. The amount of the adjusted gross proceeds to the issuer used or proposed to be used for oses shown. If the amount for any purpose is not known, furnish an estimate and check to fit the estimate. The total of the payments listed must equal the adjusted gross proceeds forth in response to Part C - Question 4.b above.	Pa Officer A S S		
each of the purp the box to the lef to the issuer set to Salaries and feed Purchase of real Purchase, rental Construction or Acquisition of or	oses shown. If the amount for any purpose is not known, furnish an estimate and check to of the estimate. The total of the payments listed must equal the adjusted gross proceeds forth in response to Part C - Question 4.b above. estate or leasing and installation of machinery and equipment.	Officer A	s, Directors & Affiliates	Others
Purchase of real Purchase, rental Construction or Acquisition of o	estate or leasing and installation of machinery and equipment	Officer A	s, Directors & Affiliates	Others
Purchase of real Purchase, rental Construction or Acquisition of o	estate or leasing and installation of machinery and equipment	□ \$ □ \$		□ \$
Purchase, rental Construction or Acquisition of o	or leasing and installation of machinery and equipment	☐ \$		
Construction or Acquisition of o	leasing of plant buildings and facilities			
Acquisition of o		□ s		□ \$
				⊠ \$
	her businesses (including the value of securities involved in this offering that may be e for the assets or securities of another issuer pursuant to a merger)	□ \$		\$
Repayment of in	debtedness	□ \$		S
Working capital		S		
Other (specify):		□ \$		□ s
Column Totals		⊠ \$	77,627	∑ \$ <u>1,216,153</u>
Total Paym	ents Listed (column totals added)		⊠ \$ <u>1,29</u> 2	3,780
	D. FEDERAL SIGNATURE		east Table 1	e alah 1990 mma diwil
<u>no projecti de la colonia de </u>	ota en los de la la compania de la Compania del Compania del Compania de la Compa			
undertaking by the issu-	ed this notice to be signed by the undersigned duly authorized person. If this notice is filed under er to furnish the U.S. Securities and Exchange Commission, upon written request of its staff, the uant to paragraph (b)(2) of Rule 502.			
Issuer (Print or Type)	Signature D	ate	1_ 1	
LTCO Inc.	John 7.	<u> </u>	<u> 236</u>	
Name of Signer (Print John Bjorn	or Type) Title of Signer (Print or Type) President and Chief Executive Officer	,	,	

346	E. STATE SIGNATURE											
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule? Yes No											
	See Appendix, Column 5, for state response.											
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.											
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.											
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.											
	e issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly horized person.											
Issu	ner (Print or Type) Signature Date											
LT	CO Inc. 20h 2.70 12/23/07											
Nar	ne of Signer (Print or Type) Tiple of Signer (Print or Type)											
Joh	n Bjorn / President and Chief Executive Officer											

1	Intend to sell to non-accredited investors in State (Part B-Item 1)		3		5 Disqualification				
			Type of security and aggregate offering price offered in state (Part C – Item 1)		·	under State ULOE (if yes, attach explanation of waiver granted (Part E-Item 1)			
State	Yes	No	Series A Preferred Stock	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ			·						
AR			:						
CA		·X							
СО									1
CT									
DE									
DC									
FL									1
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	Intend to sell to non-accredited investors in State (Part B-Item 1)		non-accredited investors in State Type of security and aggregate offering price offered in state		Type of investor and amount purchased in state (Part C-Item 2)					
State	Yes	No	Unit of Membership Interest	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
NH										
NJ			·	!						
NM										
NY		X								
NC										
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OR										
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UT										
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